

REVISED FAQ FOR ASSISTED LIVING: GENERAL INFORMATION

Q. Can anyone go into assisted living?

A. With the exception of individuals with seven distinct conditions, anyone can go into Assisted Living Program (ALP). The seven conditions include:

- Persons on ventilators,
- Persons who have advanced stage ulcers,
- Persons with active reportable communicable diseases,
- Persons who require more than intermittent skilled care, etc.
- Persons with a chronic, uncontrolled medical condition
- Persons requiring treatment > contact isolation

An individual with one of these conditions may be medically unstable and require care greater than that usually provided in an ALP.

Q. Are the Seven Conditions a violation of the Federal Fair Housing Act?

A.No. The Attorney General's Office has determined that the regulations do not violate the Federal Fair Housing Act.

Q. What is Intermittent Nursing Care?

A. Intermittent nursing care is care that is provided episodically, irregularly, or for limited period of time. Examples include:

- Episodic: Dressing changes and treatment for a recurring leg ulcer for a diabetic resident,
- Irregularly: Monitoring blood sugar levels by finger stick when a change in the resident's mental status is noted, and
- Limited Time Period: Blood pressure checks daily or weekly for two weeks.
- Individuals who require only intermittent nursing care are allowed to enter or stay in assisted living if the provider wishes to care for the resident.

Q. What if a resident develops one of the seven conditions after he or she is already in an ALP?

A. If a resident develops one of the seven conditions after admission:

- The resident may stay, if the resident wants to stay, and if the ALP can demonstrate to the Department that it can adequately care for the resident.
- The Department will issue a level of Care 3+ (LOC3+) waiver for the resident.
- Any waived residents will be monitored during the Department's inspection process.
- If a resident moves to a higher level of care, and the anticipated time period for that higher level of care is less than 30 days, then it is not necessary for the ALP to request a waiver.

Q. Does a Provider have to provide all levels of care? Or, does a provider have to offer all services to a resident?

A. No. A provider may choose to offer only LOCI or LOC2 services. A provider may also choose not to offer incontinence care or diabetic meals or to allow unlicensed staff to give medications. There are absolutely no penalties to the provider for not offering these services. However, the provider must notify the resident of these restrictions in advance.

Q. Is there any Medicaid reimbursement for assisted living?

A. The Department of Aging has a waiver program for a small number of (about 40) residents. In these homes, care givers must take a special medication course if they are to administer medications to the residents.

Q. What is the the role of the Office of Aging and the Department of Human Resources?

A. The Office of Aging and the Department of Human Resources will continue to offer subsidies to certain ALPs and continue to monitor those ALPs that they previously monitored in accordance with an MOU with the Department. They will continue to provide technical assistance to these programs. The Office of Aging will also monitor all ALPs with four to 16 residents.